

**INTERVENTION - ORDINARY TRIBUNAL
(SECTION 6.6 OF THE CODE)**

This form is filed by any *Person* (other than the *Claimant* or *Respondent*) wishing to take part in proceedings before the SDRCC in order to resolve a *Sports-Related Dispute*, either because he/she could be affected or impacted by the decision to be rendered (*Affected Party*) or because he/she has an interest in the *Arbitration* and his/her presence can be useful to the proper adjudication of the dispute (*Intervenor*). Pursuant to the 2021 Canadian Sport Dispute Resolution Code ("Code"), this *Person* must ask the SDRCC for permission to intervene in such case. In this form, terms capitalized and in italic carry the definition ascribed to them in Article 1 of the Code.

Please answer all questions. If you require more space for your answers, you may continue on additional sheets that you can attach to this form. Please note that an incomplete request will create additional delays.

Send completed form to tribunal@crdsc-sdrcc.ca or by fax to 514-866-1246

IMPORTANT NOTE: The intent of this form is solely to engage the administrative process with the SDRCC. The *Affected Party* or *Intervenor* is not required to submit, along with this form, all arguments and evidence relating to the dispute. The submission of arguments and evidence will take place at a later stage in the process. However, if the dispute requires a speedy resolution, it is preferable that most exhibits and documents be attached to this form.

A. CASE

1. This *Intervention* is filed pursuant to the *Request* involving the following *Parties*:

Claimant (*Person* who filed the *Request*): _____

Respondent (*Person* named in the *Request*): _____

Date at which you were made aware of the *Request*: _____

B. IDENTIFICATION OF THE *PARTIES* (Please provide contact information by completing Appendix A located at the end of this form)

2. Are you filing this form as an *Affected Party* or as an *Intervenor*? (please refer to the definitions of these terms respectively in subsections 1.1(a) and 1.1(y) of the Code).

Affected Party or *Intervenor*

3. *Affected Party* or *Intervenor*

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

4. *Affected Party* or *Intervenor's* Authorized Representative (i.e. lawyer, coach, parent, etc.)
MANDATORY if the *Affected Party* or *Intervenor* is considered a minor under the laws of his/her province of residence.

Surname: _____ First Name: _____

C. AFFECTED PARTY OR INTERVENOR'S STATEMENT

5. Please provide a brief description of the reasons why you wish to intervene in the *Request* (i.e. your significant interest, the reasons why the decision to be rendered could affect you, the added benefit from your participation toward an appropriate settlement of the dispute, etc.)

6. Please provide a brief description of the facts and legal matters (your claims), including a list of issues that, in your opinion, should be considered, and that you intend to invoke during the hearing.

7. A reprieve from execution is a delay that may be granted to the *Affected Party or Intervenor* in order for the decision, which is subject to the *Request*, not to be executed until a final decision is rendered by the *Arbitrator* responsible for hearing the dispute. If you wish to make an application for a reprieve from the execution of the decision subject to the present *Request*, please state the grounds for such application request.

D. CHOICE OF THE DISPUTE RESOLUTION PROFESSIONAL

8. Do you agree with the Dispute Resolution Professional(s) proposed by the *Claimant*?

- Yes or Partly or Not at all

If not, please propose other *Dispute Resolution Professional(s)* as applicable from the SDRCC list available on its website at www.sdrcc.ca, and indicate your three choices in order of preference.

1. _____ If you have no specific preference or if the case is time-sensitive, you may indicate "Rotating List" for the SDRCC to appoint the next available professional
2. _____
3. _____

Please feel free to contact the SDRCC if you need assistance with your choice.

INTERVENTION

E. IDENTIFICATION OF AN *AFFECTED PARTY* TO THE *INTERVENTION* (Please provide contact information by completing Appendix B located at the end of this form)

9. Other than the *Parties* already named in this case, please indicate the name and contact information of any *Person* who could be affected by this *Intervention* and the reasons justifying why that *Person* could be affected. (If there is more than one *Affected Party*, please attach the information to this form).

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Reasons why this *Person* could be affected:

F. EXHIBITS AND EVIDENCE

10. Please list the exhibits or other supporting documents or evidence, if any, that you intend to rely upon in support of this proceeding, other than the ones already identified or submitted by other *Parties* in support of their position.

G. SDRCC OBSERVER PROGRAM

11. The SDRCC Observer Program is a professional development opportunity offered to SDRCC *Dispute Resolution Professionals* to observe proceedings conducted by their peers. Program participants are bound by *the same confidentiality rules as Dispute Resolution Professionals* appointed to the case and *may not discuss the case* with them until it is closed. Observers will have access to all documents and personal information contained on the Case Management Portal for the case. The Program will not be run if one of the parties does not consent to it.

I accept that proceedings in my case be observed.

I refuse that proceedings in my case be observed.

H. DECLARATION AND SIGNATURE

Any Intervention filed with the SDRCC has to be signed by the Affected Party or his/her authorized representative and has to be sent to the SDRCC within the deadline specified in its letter entitled "Letter to the Affected Party". The Intervenor must file his/her Intervention form as soon as possible. If the Affected Party or Intervenor is considered a minor in his/her province of residence, the Intervention must be signed by his/her parent or legal guardian. If a Med/Arb or Arbitration, the absence of an Intervention form from the Affected Party or Intervenor will in no way stop the appeal from proceeding nor the decision to be issued by the Arbitrator(s).

I, the undersigned, file this Intervention under the provisions of the Canadian Sport Dispute Resolution Code;

I, the undersigned, recognize that it is my responsibility to read and be aware of the SDRCC applicable rules and I agree in writing to observe them. I further agree and take full responsibility to ensure that my authorized representative(s), if any, will comply with the applicable rules regarding confidentiality and I further agree that I will be responsible for any breaches which may occur on the part of my authorized representative(s);

I, the undersigned, understand and accept that the SDRCC arbitral decisions are final and binding and may not be appealed;

I, the undersigned, understand and accept that the SDRCC collects, uses and discloses personal information in respect of parties to SDRCC proceedings and their authorized representative(s) in compliance with the SDRCC's Protection of Privacy Policy, as amended from time to time, in particular, personal information that is necessary for its operations and for the purpose of my participation in the SDRCC's dispute resolution services.

I, the undersigned, consent to:

- 1. My personal information and that of my authorized representative(s), including last names, given names and email addresses be collected, used and shared with other individuals involved in this proceeding;
2. The collection, use and disclosure of certain personal information and/or sensitive information including, but not limited to, health information and criminal offences obtained through the evidentiary record and submissions filed in the course of dispute resolution proceedings, as outlined in the SDRCC's Protection of Privacy Policy, and to
3. The collection and use of my personal information, in particular, IP addresses, sections of the Case Management Portal consulted and information downloaded, for the purposes of troubleshooting technical issues with the Case Management Portal and detecting possible fraudulent attempted use.

Name: _____

Signature: _____ Date: ____/____/____
Day / Month / Year

Signature of the Affected Party or Intervenor's Authorized Representative:

Name: _____ Title: _____

Signature: _____ Date: ____/____/____
Day / Month / Year

APPENDIX A - CONTACT INFORMATION (AFFECTED PARTY OR INTERVENOR)

Please provide your contact information.

Affected Party or Intervenor

Surname: _____ First Name: _____

Telephone(s): _____ Home: _____ Cellular: _____

Work: _____

Email Address: _____ or _____

Primary time zone from which you will join telephone proceedings:

- | | |
|---|---|
| <input type="checkbox"/> <i>Pacific (most of British Columbia and Yukon)</i> | <input type="checkbox"/> <i>Eastern (most of Ontario and Quebec, and part of Nunavut)</i> |
| <input type="checkbox"/> <i>Mountain (Alberta, Northwest Territories and parts of British Columbia and Nunavut)</i> | <input type="checkbox"/> <i>Atlantic (New Brunswick, Nova Scotia, Prince Edward Island, Labrador)</i> |
| <input type="checkbox"/> <i>Central (Manitoba, Saskatchewan and parts of Ontario and Nunavut)</i> | <input type="checkbox"/> <i>Newfoundland (Island of Newfoundland)</i> |

Authorized Representative of the *Affected Party or Intervenor* (i.e. lawyer, coach, parent, etc.)

MANDATORY if the Affected Party or Intervenor is considered a minor under the laws of his/her province of residence.

Surname: _____ First Name: _____

Telephone(s): _____ Home: _____ Cellular: _____

Work: _____

Email Address: _____ or _____

APPENDIX B - CONTACT INFORMATION (AFFECTED PARTIES TO THE INTERVENTION)

Please indicate, to the best of your knowledge, the contact information of any *Affected Party* to the *Intervention* identified in section E of this form. (If there are more than six (6) *Affected Parties*, please attach the additional information to this form.)

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Email Address: _____ Telephone: _____